FORM D RECEIVED JUL 3 2 2 (JO5

UNITED STATES

SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549

FORM D

NOTICE OF SALE OF SECURITIES
PURSUANT TO REGULATION D,
SECTION 4(6), AND/OR
UNIFORM LIMITED OFFERING EXEMPTION

OMB AP	PROVAL_
OMB Number:	3235-0076
Expires:	April 30, 2008
Estimated averag	ge burden
hours per respo	onse16
SEC US	E ONLY
Prefix	Serial

DATE RECEIVED

Name of Offering (check if this is an amendment and name has changed, and indicate change.) Senforce Technologies, Inc. Second Series A-3 Preferred Stock Financing	
Filing Under (Check box(es) that apply): Rule 504 Rule 505 Rule 506 Type of Filing: New Filing Amendment	Section 4(6) ULOE
A. BASIC IDENTIFICATION DATA	1/10/0 10/14 00/4 00/4 00/4 00/4 00/4 00
1. Enter the information requested about the issuer Name of Issuer (check if this is an amendment and name has changed, and indicate change.)	
Senforce Technologies, Inc.	05062251
Address of Executive Offices (Number and Street, City, State, Zip Code) 147 W. Election Road, Suite 110, Draper, UT 84020	Telephone Number (moraumg Area Code) 801.838.7878
Address of Principal Business Operations (Number and Street, City, State, Zip Code) (if different from Executive Offices)	Telephone Number (Including Area Code)
Brief Description of Business	
Development of telecommunications components.	DARRECER
Type of Business Organization	
□ corporation □ limited partnership, already formed □ business trust □ limited partnership, to be formed □ other	(please specify): AUG 0 4 2005
Actual or Estimated Date of Incorporation or Organization: Month Year	Actual Estimated ate: D E

GENERAL INSTRUCTIONS

Federal:

Who Must File: All issuers making an offering of securities in reliance on an exemption under Regulation D or Section 4(6), 17 CFR 230.501 et seq. or 15 U.S.C. 77d(6).

When To File: A notice must be filed no later than 15 days after the first sale of securities in the offering. A notice is deemed filed with the U.S. Securities and Exchange Commission (SEC) on the earlier of the date it is received by the SEC at the address given below or, if received at that address after the date on which it is due, on the date it was mailed by United States registered or certified mail to that address.

Where To File: U.S. Securities and Exchange Commission, 450 Fifth Street, N.W., Washington, D.C. 20549.

Copies Required: Five (5) copies of this notice must be filed with the SEC, one of which must be manually signed. Any copies not manually signed must be photocopies of the manually signed copy or bear typed or printed signatures.

Information Required: A new filing must contain all information requested. Amendments need only report the name of the issuer and offering, any changes thereto, the information requested in Part C, and any material changes from the information previously supplied in Parts A and B. Part E and the Appendix need not be filed with the SEC.

Filing Fee: There is no federal filing fee.

State:

This notice shall be used to indicate reliance on the Uniform Limited Offering Exemption (ULOE) for sales of securities in those states that have adopted ULOE and that have adopted this form. Issuers relying on ULOE must file a separate notice with the Securities Administrator in each state where sales are to be, or have been made. If a state requires the payment of a fee as a precondition to the claim for the exemption, a fee in the proper amount shall accompany this form. This notice shall be filed in the appropriate states in accordance with state law. The Appendix to the notice constitutes a part of this notice and must be completed.

ATTENTION

Failure to file notice in the appropriate states will not result in a loss of the federal exemption. Conversely, failure to file the appropriate federal notice will not result in a loss of an available state exemption unless such exemption is predicated on the filing of a federal notice.

Potential persons who are to respond to the collection of information contained in this form are not required to respond unless the form displays a currently valid OMB control number.

			DENTIFICATION DAT		lintimighti, jinawiya, indiminiki
2. Enter the information re		wing: has been organized within the	he nast five years		
•	•	~		10% or more of a class o	of equity securities of the issuer;
		porate issuers and of corpor	rate general and managing	partners of partnership is	ssuers; and
Each general and m	anaging partner of par	tnership issuers.			
Check Box(es) that Apply:	Promoter	Beneficial Owner	r 🛛 Executive Offic	er 🛛 Director	General and/or Managing Partner
Full Name (Last name first, i Hall, Michael	f individual)				
Business or Residence Addre	ss (Number and Stre	et City State Zin Code)			
c/o Senforce Technologies, 1			er. UT 84020		
Check Box(es) that Apply:	Promoter	Beneficial Owner		er 🛭 Director	General and/or
check box(es) that Apply.	Tromoter	Belieficial Owlies	Executive offic	er 🔼 Director	Managing Partner
Full Name (Last name first, i	f individual)				
Moon, David C.	,				
Business or Residence Addre	ess (Number and Stre	et City State Zin Code)			
c/o E-Net Three, L.L.C. 515			84604		
Check Box(es) that Apply:	Promoter	Beneficial Owner		er 🛛 Director	General and/or
Check Box(es) that Apply.	Floillotei	Belleficial Owlier	Executive Offic	ei 🔼 Director	Managing Partner
Full Name (Last name first, i	f individual)				
Adams, David	,				
Business or Residence Addre	ess (Number and Stre	et, City, State, Zip Code)		·	
c/o Rocket Ventures II SBI			Ienlo Park, CA 94025		
Check Box(es) that Apply:	Promoter	Beneficial Owner		er Director	General and/or
enous box(es) that rippiy.	Z Trometer			or	Managing Partner
Full Name (Last name first, i	f individual)	- CET-MIC			,
Eberrt, Kennith F.	•				
Business or Residence Addre	ss (Number and Stre	et, City, State, Zip Code)			
150 East Broadhollow Driv	•	•			
Check Box(es) that Apply:	⊠ Promoter	Beneficial Owner	r Executive Office	er Director	General and/or
chook Zon(ob) mar rippij.			. <u> </u>	2	Managing Partner
Full Name (Last name first, i	f individual)				
Jasper, Pan					
Business or Residence Addre	ess (Number and Stre	eet, City, State, Zip Code)			
13031 Glacier Summit Driv	e, Draper UT 8402	20		•	
Check Box(es) that Apply:	□ Promoter	☐ Beneficial Owner	r 🛛 Executive Office	er Director	General and/or
					Managing Partner
Full Name (Last name first, i	f individual)				
Smith, Merrill K.					
Business or Residence Addre	ess (Number and Stre	eet, City, State, Zip Code)			
2978 W. 12130 South, River	rton, UT 84065				
Check Box(es) that Apply:	Promoter	Beneficial Owne	r 🗵 Executive Offic	cer Director	General and/or Managing Partner
Full Name (Last name first, i	f individual)				
Wright, Michael D.	,				
Business or Residence Addre	ess (Number and Stre	eet, City, State, Zin Code)			
c/o Senforce Technologies,					
		nk sheet, or copy and use		sheet, as necessary)	
	(USC UIAI	and use i	armoniar cobres or mis s	, as necessary,	

Check Box(es) that Apply:		Promoter	\boxtimes	Beneficial Owner		Executive Officer		Director	General and/or Managing Partner
Full Name (Last name first, in E-Net Three, L.L.C.	findiv	ridual)							
Business or Residence Addre 5152 N. Edgewood Drive, St			-	, State, Zip Code)					
Check Box(es) that Apply:		Promoter		Beneficial Owner		Executive Officer	\boxtimes	Director	General and/or Managing Partner
Full Name (Last name first, it Ahlstrom, Paul	findiv	ridual)							
Business or Residence Addre c/o vSpring Capital, 2795 E					e City	, UT 84121			
Check Box(es) that Apply:		Promoter	\boxtimes	Beneficial Owner		Executive Officer		Director	General and/or Managing Partner
Full Name (Last name first, it Rocket Ventures II SBIC, L		ridual)							
Business or Residence Addre 3000 Sand Hill Road, Suite				-					
Check Box(es) that Apply:		Promoter		Beneficial Owner		Executive Officer		Director	General and/or Managing Partner
Full Name (Last name first, in Levinthal, Mike	f indiv	vidual)							
Business or Residence Addre 275 Middlefield Road, Men			et, City	, State, Zip Code)					
Check Box(es) that Apply:		Promoter	\boxtimes	Beneficial Owner		Executive Officer		Director	General and/or Managing Partner
Full Name (Last name first, in Thomas Weisel Entities	f indiv	vidual)			_				
Business or Residence Addre 275 Middlefield Road, Men			et, City	, State, Zip Code)					
Check Box(es) that Apply:		Promoter		Beneficial Owner		Executive Officer		Director	General and/or Managing Partner
Full Name (Last name first, it vSpring SBIC, L.P.	f indiv	vidual)							
Business or Residence Addre 2795 East Cottonwood Park	`							5 - Paris	
Check Box(es) that Apply:		Promoter	\boxtimes	Beneficial Owner		Executive Officer		Director	General and/or Managing Partner
Full Name (Last name first, i American River Ventures I		vidual)							
Business or Residence Addre 2270 Douglas Blvd. Suite 21	•			, State, Zip Code)					
Check Box(es) that Apply:		Promoter		Beneficial Owner	\boxtimes	Executive Officer		Director	General and/or Managing Partner
Full Name (Last name first, i	f indiv	vidual)							
Business or Residence Addre c/o Senforce Technologies,			-	-	, UT	84020			

Check Box(es) that Apply:		Promoter		Beneficial Owner	Ø	Executive Officer		Director		General and/or Managing Partner
Full Name (Last name first, i	findiv	idual)								
Business or Residence Addre	an (Niv	mhon and Stree	t City	State Zin Code)						
c/o Senforce Technologies,			-		. IIT	84020				
			TO TO	Beneficial Owner				Dissets		C1 4/
Check Box(es) that Apply:		Promoter		Beneficial Owner	<u> </u>	Executive Officer	<u></u>	Director		General and/or Managing Partner
Full Name (Last name first, i	f indiv	idual)								
Thomas, Kent					_				 	
Business or Residence Addre	ss (Nu	mber and Stree	t, City	, State, Zip Code)						
c/o Senforce Technologies, 1	nc., 1	47 W. Election	Road	, Suite 110, Draper	, UT	84020				
Check Box(es) that Apply:		Promoter	\boxtimes	Beneficial Owner		Executive Officer		Director		General and/or Managing Partner
Full Name (Last name first, i	f indiv	idual)								
Ridgewood Rapport LLC										
Business or Residence Addre	ss (Nu	mber and Stree	t, City	, State, Zip Code)						1000
540 Cowper Street, Palo Al			,	, , ,						
Check Box(es) that Apply:		Promoter	\boxtimes	Beneficial Owner		Executive Officer		Director		General and/or
——————————————————————————————————————				Denominal Owner		LACCULIVE OTHECT				Managing Partner
Full Name (Last name first, i	f indiv	idual)								
Matsushita Electric Industr	ial Co	., Ltd.			_					
Business or Residence Addre	ss (Nu	mber and Stree	t, City	, State, Zip Code)						
1006 Oaza Kadoma, Kadon	na, Os	aka 571-8501,	Japan	1						
Check Box(es) that Apply:		Promoter		Beneficial Owner	\boxtimes	Executive Officer		Director		General and/or Managing Partner
Full Name (Last name first, i	f indiv	idual)								
Kilgour, Jim										
Business or Residence Addre	ss (Nu	mber and Stree	et, City	, State, Zip Code)						
c/o Senforce Technologies,	inc., 1	47 W. Election	Road	l, Suite 110, Draper	, UT	84020				
Check Box(es) that Apply:		Promoter		Beneficial Owner	\boxtimes	Executive Officer		Director		General and/or Managing Partner
Full Name (Last name first, i	f indiv	ridual)								
Business or Residence Addre	ess (Nu	imber and Stree	et, City	, State, Zip Code)						
Check Box(es) that Apply:		Promoter		Beneficial Owner		Executive Officer		Director		General and/or Managing Partner
Full Name (Last name first, i	f indiv	ridual)								
Business or Residence Addre	ss (Nu	imber and Stree	et, City	, State, Zip Code)						
Check Box(es) that Apply:		Promoter		Beneficial Owner		Executive Officer		Director		General and/or Managing Partner
Full Name (Last name first, i	f indiv	ridual)								
Business or Residence Addre	ess (Nu	ımber and Stree	et, City	, State, Zip Code)						
				:						

				В.	INFOR	MATION A	ABOUT OF	FERING				,
1 Has	the issuer sold	or does the in	squer intend t	to sell to no	n_accredited	investors in t	his offering?				Yes	No ⊠
1. 110.	the issuer soid,	or does the t	ssuci intend				_			***************************************		
2. Wh	at is the minimu	ım investmen	t that will be								\$nc	minimum
1. Has the issuer sold, or does the issuer intend to sell, to non-accredited investors in this offering? Answer also in Appendix, Column 2, if filing under ULOE. 2. What is the minimum investment that will be accepted from any individual? 3. Does the offering permit joint ownership of a single unit? 4. Enter the information requested for each person who has been or will be paid or given, directly or indirectly, any commission or sim remuneration for solicitation of purchasers in connection with sales of securities in the offering. If a person to be listed is an associate person or agent of a broker or dealer registered with the SEC and/or with a state or states, list the name of the broker or dealer. If me than five (5) persons to be listed are associated persons of such a broker or dealer, you may set forth the information for that broke dealer only. Full Name (Last name first, if individual) Business or Residence Address (Number and Street, City, State, Zip Code) Name of Associated Broker or Dealer States in Which Person Listed Has Solicited or Intends to Solicit Purchasers (Check "All States" or check individuals States) [AL] [AK] [AZ] [AR] [CA] [CO] [CT] [DE] [DC] [FL] [G/IL] [IN] [IN] [IN] [NH] [NI] [NM] [NY] [NC] [ND] [OH] [OK] [RI] [SC] [SD] [TN] [TX] [UT] [VT] [VA] [WA] [WV] [WI] Full Name (Last name first, if individual) Business or Residence Address (Number and Street, City, State, Zip Code) Name of Associated Broker or Dealer States in Which Person Listed Has Solicited or Intends to Solicit Purchasers											Yes ⊠	No
1. Has the issuer sold, or does the issuer intend to sell, to non-accredited investors in this offering? Answer also in Appendix, Column 2, if filling under ULOE. 2. What is the minimum investment that will be accepted from any individual? 3. Does the offering permit joint ownership of a single unit? 4. Enter the information requested for each person who has been or will be paid or given, directly or indirectly, any commission or simil remuneration for solicitation of purchasers in connection with sales of Securities in the offering. If a person to be listed is an associated person or agent of a broker of dealer region with the SEC and/or with a state or states, list the name of the broker dealer rolly. Full Name (Last name first, if individual) Business or Residence Address (Number and Street, City, State, Zip Code) Name of Associated Broker or Dealer States in Which Person Listed Has Solicited or Intends to Solicit Purchasers (Check "All States" or check individuals States) [AL] [AK] [AZ] [AR] [CA] [CO] [CT] [DE] [DC] [FL] [GA] [IIL] [IN] [IA] [KS] [KY] [LA] [ME] [MD] [[MA] [MI] [MN] [MT] [NE] [NV] [NH] [NI] [NM] [NY] [NC] [ND] [OH] [OK] [RI] [SC] [SD] [TN] [TX] [UT] [VT] [VA] [WA] [WV] [WI] Full Name (Last name first, if individual) Business or Residence Address (Number and Street, City, State, Zip Code) Name of Associated Broker or Dealer States in Which Person Listed Has Solicited or Intends to Solicit Purchasers (Check "All States" or check individuals) Business or Residence Address (Number and Street, City, State, Zip Code) Name of Associated Broker or Dealer States in Which Person Listed Has Solicited or Intends to Solicit Purchasers (Check "All States" or check individuals States) [AL] [AK] [AZ] [AR] [CA] [CO] [CT] [DE] [DC] [FL] [GA] [MI] [MI] [MI] [MI] [MI] [MI] [MI] [MI												
per	Answer also in Appendix, Column 2, if filing under ULOE hat is the minimum investment that with be accepted from any individual? Answer also in Appendix, Column 2, if filing under ULOE hat is the minimum investment that with be accepted from any individual? Describe offering permit joint ownership of a single unit? Let the information requested for each person who has been or will be paid or given, directly or indirectly, any commission or similar momentation for solicitation of purchases in connection with sales of securities in the offering. If a person to be listed as an associated son or agent of a broker or dealer registered with the SEC and/or with a state or states, list the name of the broker or dealer. If more and five (5) persons to be listed are associated persons of such a broker or dealer, you may set forth the information for that broker or aler only. The color of the broker or dealer is a such a broker or dealer, you may set forth the information for that broker or aler only. The color of the broker or Dealer is which provided by the state of the provided broker or Dealer is which Person Listed Has Solicited or Intends to Solicit Purchasers of "All States" or check individuals States). A part of the provided broker or Dealer is which provided by the provided broker or Dealer is which Person Listed Has Solicited or Intends to Solicit Purchasers or Residence Address (Number and Street, City, State, Zip Code) The color of the provided broker or Dealer is individually. The color of the provided broker or Dealer is individually. The color of the provided broker or Dealer is individually. The color of the provided broker or Dealer is individually. The color of the provided broker or Dealer is individually. The color of the provided broker or Dealer is individually. The color of the provided broker or Dealer is color of the provided broker or Dealer is individually. The color of the provided broker or Dealer is color of the provided broker or Dealer is color of the provided broker or Deale											
	· / 1	s to be fisted a	are associated	a persons of	such a broker	or dealer, yo	ou may set to	rtn the infom	tation for the	n broker or		
Full Nam	e (Last name fir	st, if individu	ıal)									-
Business	or Residence A	ddress (Num)	per and Stree	t, City, State	, Zip Code)						· · · · · · · · · · · · · · · · · · ·	
Name of	Associated Brol	ker or Dealer										· · · · · · · ·
States in	Which Person L	isted Has So	licited or Inte	ends to Solic	it Purchasers							
(Checl	k "All States" or	check indivi	duals States)								□ A1	1 States
[AL]	[AK]	[AZ]	[AR]	[CA]	[CO]	[CT]	[DE]	[DC]	[FL]	[GA]	[HI]	[ID]
[IL]	[IN]	[IA]	[KS]	[KY]	[LA]	[ME]	[MD]	[[MA]	[MI]	[MN]	[MS]	[MO]
[MT]	[NE]	[NV]	[NH]	[NJ]	[NM]	[NY]	[NC]	[ND]	[OH]	[OK]	[OR]	[PA]
[RI]	[SC]	[SD]	[TN]	[TX]	[UT]	[VT]	[VA]	[WA]	[WV]	[WI]	[WY]	[PR]
Full Nam	ie (Last name fir	rst, if individu	ual)									
Business	or Residence A	ddress (Numl	her and Stree	t City State	Zin Code)	·						
				.,,	,, 2.p 0000)						_	
Name of	Associated Brol	ker or Dealer			-							
States in	Which Person I	isted Has So	licited or Inte	ends to Solic	it Purchasers	:					<u> </u>	
(Chec	k "All States" or	check indivi	duals States)						•••••		☐ A	Il States
[AL]	[AK]	[AZ]	[AR]	[CA]	[CO]	[CT]	[DE]	[DC]	[FL]	[GA]	[HI]	[ID]
[IL]	[IN]	[IA]	[KS]	[KY]	[LA]	[ME]	[MD]	[[MA]	[MI]	[MN]	[MS]	[MO]
[MT]] [NE]	[NV]	[NH]	[NJ]	[NM]	[NY]	[NC]	[ND]	[OH]	[OK]	[OR]	[PA]
[RI]	[SC]	[SD]	[TN]	[TX]	[UT]	[VT]	[VA]	[WA]	[WV]	[WI]	[WY]	[PR]
Full Nam	ne (Last name fin	rst, if individu	ual)							<u> </u>		
Business	or Residence A	ddress (Num	ber and Stree	et, City, State	e, Zip Code)		····					
Name of	Associated Bro	ker or Dealer										
States in	Which Person I	isted Has So	licited or Inte	ends to Solid	it Purchasers	<u> </u>						
(Chec	k "All States" of	check indivi	duals States)	i		•••••	••••			•••••	□ A	ll States
[AL]	[AK]	[AZ]	[AR]	[CA]	[CO]	[CT]	[DE]	[DC]	[FL]	[GA]	[HI]	[ID]
[IL]	[IN]	[IA]	[KS]	[KY]	[LA]	[ME]	[MD]	[[MA]	[MI]	[MN]	[MS]	[MO]
[MT] [NE]	[NV]	[NH]	[NJ]	[NM]	[NY]	[NC]	[ND]	[OH]	[OK]	[OR]	[PA]
[RI]	[SC]	[SD]	[TN]	[TX]	[UT]	[VT]	[VA]	[WA]	[WV]	[WI]	[WY]	[PR]
[IL] [MT	[IN]] [NE]	[IA] [NV]	[KS] [NH] [TN]	[KY] [NJ] [TX]	[LA] [NM] [UT]	[ME] [NY] [VT]	[MD] [NC] [VA]	[[MA] [ND]	[MI] [OH] [WV]	[MN]	[MS]	[MO] [PA]

1.	Enter the aggregate offering price of securities included in this offering and the total amount already sold. Enter "0" if answer is "none" or "zero." If the transaction is an exchange offering, check this box \(\square and indicate in the columns below the amounts of the securities offered for exchange and already exchanged.				
	Type of Security	0	Aggregate ffering Price	Am	ount Already Sold
	Debt		-0-	\$	-0-
	Equity	\$	3.699.998.00	\$	3,699,998.00
	☐ Common ☐ Preferred				
	Convertible Securities (including warrants)	\$	-0-	\$_	-0
	Partnership Interests	\$_	-0-	\$	-0-
	Other (Specify)	\$	-0-	\$	-0-
	Total			\$	3,699,998.00
	Answer also in Appendix, Column 3, if filing under ULOE.			_	
2.	Enter the number of accredited and non-accredited investors who have purchased securities in this offering and the aggregate dollar amounts of their purchases. For offerings under Rule 504, indicate the number of persons who have purchased securities and the aggregate dollar amount of their purchases on the total lines. Enter "0" if answer is "none" or "zero."				Aggregate
			Number Investors	Do	ollar Amount of Purchase
	Accredited investors	_	6	\$_	3,699,998.00
	Non-accredited Investors		-0-	\$_	-0-
	Total (for filings under Rule 504 only)		n/a	\$_	n/a
	Answer also in Appendix, Column 4, if filing under ULOE.				
3.	If this filing is for an offering under Rule 504 or 505, enter the information requested for all securities sold by the issuer, to date, in offerings of the types indicated, in the twelve (12) months prior to the first sale of securities in this offering. Classify securities by type listed in Part C - Question 1.		Tune of	n,	ollar Amount
	Type of Offering		Type of Security	Di	Sold
	Rule 505		n/a	\$_	
	Regulation A		n/a	´ \$_	
	Rule 504		n/a	\$_	
	Total		n/a	\$_	
4.	a. Furnish a statement of all expenses in connection with the issuance and distribution of the securities in this offering. Exclude amounts relating solely to organization expenses of the issuer. The information may be given as subject to future contingencies. If the amount of an expenditure is not known, furnish an estimate and check the box to the left of the estimate.				
	Transfer Agent's Fees			\$_	-0-
	Printing and Engraving Costs			\$_	-0-
	Legal Fees		\boxtimes	\$	25,000.00
	Accounting Fees			\$_	-0-
	Engineering Fees			\$_	-0-
	Sales Commissions (specify finders' fees separately)			\$_	-0-
	Other Expenses (identify)			\$_	-0-
	Total		\boxtimes	\$_	25,000.00

5.	total expenses furnished in response to Part C - proceeds to the issuer."	offering price given in response to Part C - Ques Question 4.a. This difference is the "adjusted g proceeds to the issuer used or proposed to be use ose is not known, furnish an estimate and check to	ross d for each of		\$_3,674	1 <u>,998.00</u>
		isted must equal the adjusted gross proceeds to t				
	Total in response to Fair C - Question 4.0 above	··	Payme Officers, D Affili	irectors &	Payme Oth	
	Salaries and fees		S	-0-	S	-0-
	Purchase of real estate			-0-	\$	-0-
	Purchase, rental or leasing and installation of n	nachinery and equipment	🗀 \$	-0-	□ \$	-0-
	Construction or leasing of plant buildings and	facilities		-0-	S	-0-
		value of securities involved in this offering that another issuer pursuant to a merger)		-0-	□ \$	-0-
	Repayment of indebtedness		[] \$	-0-	\$	-0-
	Working capital			-0-	 \$ <u>3,67</u>	4,998.00
	Other (specify):		[] \$	-0-	□ \$	-0
	Column Totals		s	-0-	∑ \$ <u>3,67</u>	4,998.00
	Total Payments Listed (column totals add	ded)		\$ 3,67	4,998.00	
		D FEDERAL CICNATURE				
		D. FEDERAL SIGNATURE				
und		ne undersigned duly authorized person. If this notice and Exchange Commission, upon written request e 502.				
	er (Print or Type)	Signature AM	Date 7-26-	05		
	force Technologies, Inc. pe of Signer (Printfor Type) Volve Holl	Title of Signer (Print or Type)		,		
					•	
		ATTENTION				